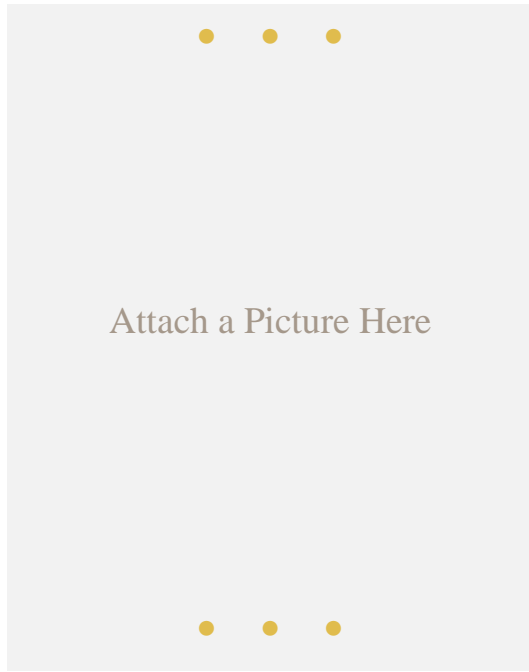




CHILD ID Kit



Attach a Picture Here

RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT PINKY
LEFT THUMB	LEFT INDEX	LEFT MIDDLE	LEFT RING	LEFT PINKY

Important Information

Today's Date: _____
 Full Name: _____
 Nickname(s): _____
 Current Address: _____
 City, State, Zip: _____
 Cell Phone: _____
 Primary Guardian's Phone: _____
 Secondary Guardian's Phone: _____
 SS#: _____
 School: _____ Phone: _____
 Teacher: _____ Room #: _____

Date of birth: _____ Grade: _____
 Gender: _____ Ethnicity: _____
 Height: _____ Weight: _____
 Hair color: _____
 Eye color: _____
 Birthmarks: _____
 Distinctive moles: _____
 Scars: _____
 Other (glasses, contacts, braces, prosthetics etc): _____

Allergies: _____
 Medical Conditions: _____
 Medications: _____
 Pediatrician: _____

Other Info: _____

